

ADECA RECREATIONS PROGRAM REIMBURSEMENT REQUEST
Land & Water Conservation Fund (LWCF) and Recreational Trails Program (RTP)

This request **MUST** be accompanied by invoices and documentation of any in-kind labor or donated materials. The items for reimbursement should be related to the Budget Summary Form within your original grant agreement. Reimbursement requests may take as long as 60 days for payment. Please plan your schedule accordingly.

Grant/Contract No: 08 RT 53 003	Request #: 1
Subgrantee Name: City of Byrd	Billing Period: 1/1/08 - 3/31/08
Project Name: Byrd Walking Trail	Contact Phone: (334) 242-5246
Project Contact: Valerie Byrd	Contact Fax: (334) 242-0252

REIMBURSEMENT REQUESTED THIS BILLING	A	B	C	D (B + C)	E (A - D)
Description	Budget	Previously Requested or Reported	Requested or Reported This Billing	Requested or Reported To Date	Contract Balance
Contract Costs (including acquisition costs, engineering, administration, labor, services, equipment rental and construction - from Tabulation of Reimbursable Cost form)		\$ -	\$ 5,000.00	\$ 5,000.00	
Admin Costs (from Tabulation of Reimbursable Cost form)		\$ -	\$ -	\$ -	
Engineering Costs (from Tabulation of Reimbursable Cost form)		\$ -	\$ -	\$ -	
Material Costs (from Tabulation of Reimbursable Cost form)		\$ -	\$ 24,000.00	\$ 24,000.00	
Labor Costs (from Tabulation of Reimbursable Cost form)		\$ -	\$ 10,000.00	\$ 10,000.00	
CONTRACT TOTAL	\$ 100,000.00	\$ -	\$ 39,000.00	\$ 39,000.00	\$ 61,000.00
Subgrantee Share (Match) - Provide detail below* (Must be at least 20% for RTP project or 50% for LWCF project)	\$ 20,000.00	\$ -	\$ 11,000.00	\$ 11,000.00	\$ 9,000.00
ADECA Share	\$ 80,000.00	\$ -	\$ 28,000.00	\$ 28,000.00	\$ 52,000.00
*Cash Match		\$ -	\$ -	\$ -	
*In-Kind Match		\$ -	\$ 11,000.00	\$ 11,000.00	
*Total Subgrantee Match		\$ -	\$ 11,000.00	\$ 11,000.00	

I certify that this request for payment has been drawn in accordance with the terms and conditions of the contract cited and that the amount drawn is proper for payment to the drawer or for credit to the account of the drawer at the drawer's bank. I also certify that the data reported above is correct and that the amount of the request for payment is not in excess of current needs.

Signature of Authorized Project Contact _____ Date Signed _____	FOR ADECA USE ONLY		
	PGM MGR APPROVAL	REC DIR APPROVAL	DIRECTOR APPROVAL
	VOUCHER # _____		
	DATE _____		
		ACCOUNTANT INITIALS	